

P14000097712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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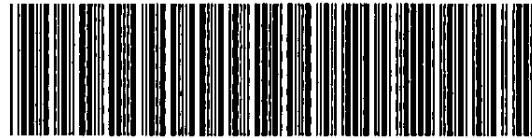
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC -3 PM 3:32

12/5/14

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Torrens Cleaning and maintenance services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Lupe Torrens Acosta
Name (Printed or typed)

2624 Pine Lake Terrace #D
Address

Sarasota, FL, 34237.
City, State & Zip

(941) 829-6471
Daytime Telephone number

TorrensCleaning@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Torrens Cleaning and maintenance services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2629 Pine Lake Terrace #D
Sarasota - FL - 34237

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: cleaning houses, offices and
light maintenance.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lupe Torrens Acosta Name and Title: _____

Address 2629 Pine Lake Terr. #D Address: _____
Sarasota - FL - 34237

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Lupe Torrens Acosta
Address: 2629 Pine Lake Terrace #D
Sarasota, FL, 34237

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lupe Torrens Acosta
Address: 2629 Pine Lake Terrace #D
Sarasota - FL - 34237

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent
11-22-14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator
11-22-14
Date